
Attachment 1

**Crediting DoD or Coast Guard NAF Service
for CSRS or FERS Immediate Retirement
Under Public Law 107-107**

**NAF Service Credit Election Form (RI 38-145)
Model Request for Verification of NAF Service
Verification of NAF Service Form
Names and Addresses of NAF Employers
NAF Service Credit Election Flag**

**Election to Use Nonappropriated Fund (NAF) Service to Qualify for
Immediate Retirement Under the Civil Service Retirement System (CSRS)
or the Federal Employees Retirement System (FERS)
in Accordance with Section 1132 of Public Law 107-107**

Part 1 - (To be completed by employing agency)

Employee's name (last, first, middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Date of retirement (mm/dd/yyyy)	Type of separation <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	Amount of NAF service needed to qualify for immediate CSRS or FERS retirement <div style="display: flex; align-items: center;"><input style="width: 40px; height: 20px; margin-right: 5px;" type="text"/> years <input style="width: 40px; height: 20px; margin-right: 5px;" type="text"/> months <input style="width: 40px; height: 20px; margin-right: 5px;" type="text"/> days</div>
Date employee would first qualify for CSRS or FERS retirement benefits if NAF service were not used to qualify for immediate retirement (mm/dd/yyyy)		

Annuity Estimates

1. If you elect to use your NAF service to qualify for immediate CSRS or FERS retirement:
 - Your gross monthly retirement benefit is estimated to be \$ _____
 - The gross monthly survivor benefit payable to your spouse is estimated to be \$ _____
2. If you do not elect to use NAF service to qualify for immediate CSRS or FERS retirement:
 - Your gross monthly retirement benefit as of the date you first qualify for CSRS or FERS benefits without NAF service is estimated to be \$ _____.
 - The gross monthly survivor benefit payable to your spouse is estimated to be \$ _____

Signature of Authorized Agency Official	Phone number	Date (mm/dd/yyyy)
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Part 2 - (To be completed by employee)

I elect to use my NAF service listed below to qualify for an immediate retirement benefit under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS). I understand:

- This NAF service cannot be used to increase the amount of my CSRS or FERS benefit;
- My benefit will be reduced to ensure that it is actuarially equivalent to the present value of the deferred annuity I would receive if I leave government service and do not use the NAF time to qualify for immediate retirement;
- If I am covered under FERS, I am not eligible to receive the FERS Annuity Supplement; and
- This NAF service cannot be credited for any purpose under any retirement system provided for NAF employees.

Nonappropriated Fund Employer and Location	Beginning Date (mm/dd/yyyy)	Ending Date (mm/dd/yyyy)
Employee's signature	Date (mm/dd/yyyy)	

(Instructions on the reverse)

**Instructions for Completing Election Form RI 38-145
Election to Use Nonappropriated Fund (NAF) Service to Qualify for
Immediate Retirement Under the Civil Service Retirement System (CSRS)
or the Federal Employees Retirement System (FERS)**

Part 1 - To Be Completed by the Employing Agency Human Resources or Benefits Office

- Enter the employee's name, date of birth and social security number.
- Enter the date the employee wants to retire.
- Indicate whether the employee has decided to voluntarily separate and receive retirement benefits or whether the employee is facing an involuntary separation. (An employee cannot use NAF service to qualify for a Discontinued Service Retirement if the separation is involuntary and for cause on charges of misconduct or delinquency.)
- Enter the amount of NAF service needed to qualify for immediate CSRS or FERS retirement benefits as of the date of retirement.
- Determine the date the employee would first qualify for CSRS or FERS retirement benefits if NAF service were not used for CSRS or FERS retirement.
 - If the employee has the option to continue working, enter the earliest date the employee would qualify for immediate retirement benefits if the employee continued to work.
 - If the employee does not have the option to continue working (that is if the employee is facing an involuntary separation), enter the earliest date the employee would qualify for a deferred retirement benefit.
- Provide an estimate of the gross monthly rate payable to the employee if the employee elects to use NAF service to qualify for immediate retirement. If the employee elects to provide a survivor benefit, provide an estimate of the survivor benefit monthly rate as well. (Compute these estimates following the instructions provided in Attachment 2 of Benefits Administration Letter 03-102.)
- Provide a second estimate showing the gross monthly rate payable to the employee if NAF service is not used to qualify for immediate retirement. This estimate should reflect the benefit payable as of the date the employee would first qualify for CSRS or FERS retirement benefits without NAF service. If the employee elects to provide a survivor benefit, provide an estimate of the survivor benefit monthly rate as well.
- Sign the form, date it, and provide your phone number.
- After completing Part 1, give the form to the employee to complete Part 2.
- When the employee returns the completed election form, make two copies of it. Attach the original to the employee's retirement application package along with the verification of NAF service you obtained from the appropriate NAF employer. Send a copy of the election to the appropriate NAF employer and file a copy in the employee's Official Personnel Folder.

Part 2 - To Be Completed by the Employee

- Identify the NAF service that you want to use to qualify for immediate CSRS or FERS retirement benefits. Provide the name of the NAF employer, the location of employment, the date the service began, and the date the service ended. (Note, you must enter complete periods of service. For example, if you need 1 year and 6 months of NAF service to qualify for an immediate CSRS or FERS retirement benefit, and you performed service with a NAF from January 15, 1977 to July 3, 1979, you should enter the entire period of NAF service.)
- Sign and date the form
- Make a copy of the form for your records. Return the original to your Human Resources or Benefits office along with your application for immediate retirement benefits.

Appropriate NAF Employer's Address

Dear Nonappropriated Fund Employer:

We are writing on behalf of **employee's name, employee's date of birth, employee's Social Security Number**, requesting verification of **his/her** service with the nonappropriated fund (NAF) instrumentality listed below. This employee is considering using that NAF service to qualify for immediate retirement under the Civil Service Retirement System (CSRS) / Federal Employees Retirement System (FERS) in accordance with Section 1132 of Public Law 107-107.

Nonappropriated Fund Employer	Beginning Date of Service	Ending Date of Service

Using the enclosed form, *Verification of Nonappropriated Fund (NAF) Service Pursuant to an Election Under Section 1132 of Public Law 107-107*, please:

- verify the dates of the employee's service for the period(s) listed above;
- provide the total hours the employee worked if the employee did not work a full-time schedule and can only get credit for time actually worked;
- indicate whether or not the employee received a refund of **his/her** retirement monies (if the employee did not participate in a NAF retirement plan, indicate "not applicable"); and
- indicate how an election to use the NAF service listed above to qualify for an immediate CSRS or FERS retirement would affect the employee's rights to retirement benefits under the NAF retirement plan. (If the employee elects to use the NAF service listed above to qualify for an immediate CSRS or FERS retirement, that NAF service cannot be credited for any purpose under any retirement system provided for NAF employees.)

If the employee elects to use the NAF service listed above to qualify for an immediate CSRS or FERS retirement, we will provide you with a copy of the employee's election form.

Please send or fax your response to:

Agency Address and Fax Number

If you have any questions concerning this request please contact: ***name of agency contact, phone number, and email address.***

Thank you for your assistance.

Sincerely,

Signature of agency official

Enclosure

NAMES AND ADDRESSES OF NAF EMPLOYERS

To verify prior NAF service, contact the appropriate NAF Component

Names of NAF Employers	Address
United States Army	HQ, Department of the Army NAF Personnel Program Office 200 Stovall Street, Room 1160 Alexandria, VA 22332-0300 Phone 703-325-7762
United States Air Force	HQ AFSVA/SVXH Human Resources Division 10100 Reunion Place, Suite 502 San Antonio, TX 78216-4138 Phone: (210) 652-2826/2847 Fax: (210) 652-7043
United States Marine Corps	NAF Human Resources Support Branch MRG Personnel and Family Readiness Division HQMC 3044 Catlin Ave. Quantico, VA 22134-5099 Phone: 703-784-3880
Bureau of Naval Personnel	Navy Personnel Command PERS653 5720 Integrity Drive Millington, TN 38055-6530 Point of Contact: Eucile Ballenger Phone: (901) 874-6704 DSN 882 Fax: (901) 874-6844 DSN 882
Navy Exchange Service Command (NEXCOM)	Navy Exchange Service Command 3280 Virginia Beach Blvd Virginia Beach, VA 23452-5799 Phone: 757-440-4785
Army and Air Force Exchange Service (AAFES)	Headquarters, Army and Air Force Exchange Service FA-T (Benefits) P.O. Box 650428 Dallas, TX 75865-0428 Phone: 1-800-519-3381 FAX: (214) 312-3596 E-mail: benefits@aafes.com
United States Coast Guard	Commandant (G-WPC-6) 2100 2 nd Street S.W. Room 6306 Washington, D.C. 20593 Phone: (202) 267-1342 Fax: (202) 267-4580 E-mail: cbozeman@comdt.uscg.mil

VERIFICATION OF NONAPPROPRIATED FUND (NAF) SERVICE
PURSUANT TO AN ELECTION TO CREDIT NAF SERVICE FOR IMMEDIATE CIVIL SERVICE RETIREMENT UNDER
SECTION 1132 OF PUBLIC LAW 107-107
(completed by appropriate NAF employer)

Part 1 – Identifying Information

Employee's Name	Date of Birth	Social Security Number
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Other Names Used

Part 2 – Verification of Service (mark the appropriate box)

- ☐ We are unable to locate any records of service with this component.
- ☐ The individual named in Part 1 performed the following service as an employee paid from nonappropriated funds. (Please note, we are only providing information about the service identified in the request for verification of service.)

NAFI and Location	Beginning Date	Ending Date	Actual Hours Worked If Other Than Full -Time	Retirement Monies Refunded? (yes/no/not applicable)

Part 3 – NAF Retirement Eligibility (mark the appropriate box)

- ☐ The employee is not eligible for a NAF retirement benefit (immediate or deferred), therefore the election to credit the service listed in Part 2 for CSRS or FERS retirement eligibility purposes does not affect eligibility for NAF benefits.
- ☐ The employee is eligible for a NAF retirement benefit (immediate or deferred) only if the service listed in Part 2 remains creditable for NAF retirement purposes. If the employee elects to credit that service for CSRS or FERS retirement eligibility purposes, the employee must request a refund of NAF retirement monies and give up his or her rights to the NAF retirement benefit.
- ☐ The employee is eligible for a NAF retirement benefit (immediate or deferred). Electing to use the service listed in Part 2 for CSRS or FERS retirement eligibility purposes does not affect the employee's eligibility for the NAF retirement benefit. However, the election would reduce the amount of his or her NAF retirement benefit

Part 4 – Certification

Signature of Certifying Official	Date
Printed Name	Title
Phone Number	Fax Number
Address	

NAF SERVICE CREDIT ELECTION



Please Leave on Top of Retirement Application Package

**THIS RETIREMENT INCLUDES NAF SERVICE
USED UNDER SECTION 1132 OF PUBLIC LAW
107-107 TO MAKE EMPLOYEE ELIGIBLE FOR
IMMEDIATE RETIREMENT**

**UPON ARRIVAL AT OPM,
DO NOT AUTOMATICALLY AUTHORIZE
INTERIM PAY**

FLAG NAF SERVICE CREDIT ELECTION FLAG